



# St Clare's College

18th February 2019

Dear Parents and Carers,

## Year 8 Geography Excursion - Coastal Environment Centre, Narrabeen

To conduct compulsory fieldwork according to NESA requirements for the topic 'Water in the World' and 'Landscapes and Landforms'.

- Date:** Tuesday 21 May 2019
- Venue & address:** Coastal Environment Centre, Narrabeen
- KLA:** HSIE
- Teacher in Charge:** Ms Louise Armstrong
- Support Teacher(s):** Ms Karen King, Ms Kirstie Mason, Mr Thomas Cooper and Ms Amelia Griffiths
- Transport:** Private Bus
- Meeting place & time:** Students will depart from the College at 8.45am
- Return time:** Students will return to the College approximately 3pm
- Uniform:** PE Uniform
- Wet Weather Plan:** Umbrella/raincoat in case of rain.
- Emergency contact:** 8305 7100

Students are reminded that their behaviour will need to be of the highest standard when representing the College. If you have any concerns regarding the information that has been outlined in this letter, please do not hesitate to contact the Teacher in Charge at the College on 8305 7100. Parents are asked to advise the College of any changes to their daughter's Medical Form that was completed when your daughter commenced at St Clare's College.

Thank you for your support.  
Regards,

**Ms Louise Armstrong**  
Teacher In Charge

**Mrs Kerrie McDiarmid**  
Deputy Principal



# *St Clare's College*

## CONSENT FORM

Please complete and return the consent form to the student's **Geography teacher** by **Tuesday 14th May 2019**. **No student will be allowed to attend the above excursion without this completed permission slip.**

I have read the attached information and I give consent for my daughter, \_\_\_\_\_ in **Year 8** to attend the **Geography Excursion** on **Tuesday 21st May 2019**. To the best of my knowledge, she has no medical condition, disability or injury which puts her at risk of participating in this activity.

My daughter has the following special needs/medical condition. (Please provide the relevant allergies, medication) \_\_\_\_\_

I agree to delegate my authority to the College staff. I accept that the teachers will take appropriate disciplinary action necessary to ensure the safety, conduct and well-being of the students who are participating in this excursion/activity.

In the event of any illness, injury or accident, I authorise the obtaining of such medical assistance as my daughter may require. I accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any medical expenses thus incurred.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Medicare No:** \_\_\_\_\_ (for use at a Medical Centre or Surgery)

**Contact Number:** Mobile \_\_\_\_\_  
Home \_\_\_\_\_

Work \_\_\_\_\_  
Other \_\_\_\_\_